Date

Name of Caregiver

Address

City, State, Zip

Dear TITLE LAST NAME OF CAREGIVER:

As someone who cares about the safety and well-being of children in our community, you are invited to participate in a discussion about the quality and availability of services to families who have adopted or serve as guardians for our most vulnerable children. This letter is to inform you of an important project being done in (name state). The (name of child welfare agency) is partnering with Spaulding for Children and its partners on the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The QIC-AG is supported by the United States Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. **The QIC-AG is working to understand the needs of children, youth, and their families who are adopted or go to guardianship.** The QIC-AG hopes to accomplish this by improving the quality and number of programs available to support families that are considering adoption or guardianship or who have adopted or taken guardianship of a child in their care.

As part of this project, the QIC-AG team will be coming to (name state) to learn more about the services that are available to families who are thinking about adoption or guardianship or families who have adopted or taken guardianship of a child. They want to learn more about the service system from people who have used the services or may use the services in the future.

We hope you will participate in this information gathering discussion which we are calling a “stakeholder meeting.” You will join 10 to 12 other foster parents, adoptive parents and guardians in a discussion about the strengths and gaps in the current system. Your responses to questions will be combined with other participants so that no persons are identified. The discussion will be integrated into a report that will help (the name of the child welfare agency) make decisions about new services.

Participation is voluntary and to ensure you know you are not required to participate we have developed a consent form (attached) for those who choose to attend. The person conducting the meeting in your community will have copies of this form for you to sign at the start of the meeting. The meeting will last about two hours.

The meeting will be held on \_DATE\_\_\_ from TIME to TIME at LOCATION. It is critical for you to arrive 10 minutes prior to the set start time to complete the sign in sheet.

Your opinions are important. Please let us know if you can attend the meeting by calling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or emailing <address>. If you have any questions or you would like additional information about this project, please contact, Melinda Lis, QIC-AG Project Director, Spaulding for Children at 773-848-6880.

Sincerely,